

**REQUEST FOR REIMBURSEMENT**  
(Other than USAF authorized missions)

TO BE SUBMITTED WITHIN 60 DAYS OF THE DATE THE EXPENSE WAS INCURRED.  
OLDER REQUESTS REQUIRE SPECIAL APPROVAL OF THE FINANCE COMMITTEE.

I request reimbursement for the following expenses I incurred while performing Civil Air Patrol duties. These expenses were authorized by appropriate authority and were necessary to carry out the mission of CAP.

DATE OF EXPENSE	EXPENSES/REMARKS	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

Copies of all receipts or additional statements for expenses without receipts are attached.

☐ Please put check in my box      ☐ Please send check to the following address:

NAME OF REQUESTER	PHONE NUMBER	ALTERNATE PHONE	
STREET ADDRESS	CITY	STATE	ZIP
SIGNATURE OF REQUESTER		DATE SIGNED	
NAME, GRADE, TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE	